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MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**Arizona State Board of Health**  
BUREAU OF VITAL STATISTICS

STATE FILE NO. **86**

**1. PLACE OF DEATH**  
 COUNTY Gila STATE ARIZONA REGISTERED NO. 85  
 TOWNSHIP \_\_\_\_\_ OR VILLAGE \_\_\_\_\_ OR \_\_\_\_\_  
 CITY Globe NO. 569 Ash Street ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE \_\_\_\_\_ IN CITY OR TOWN WHERE DEATH OCCURRED 36 YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS. HOW LONG IN U. S. IF FOREIGN BIRTH? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
**2. FULL NAME** Naomia Allcester Nelms HOW LONG IN STATE WHEN DEATH OCCURRED \_\_\_\_\_ YRS. \_\_\_\_\_ MOS. \_\_\_\_\_ DS.  
 (A) RESIDENCE: NO. 569 Ash Street ST. \_\_\_\_\_ WARD \_\_\_\_\_  
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

| PERSONAL AND STATISTICAL PARTICULARS   |  |  |   |  |
|--|--|--|---|--|
| 3. SEX   | 4. COLOR OR RACE   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (WRITE THE WORD) |   |  |
| Female   | White  | Married  |   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nathaniel G. Nelms</u> |  |  |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12, 1872</u>                           |  |  |   |  |
| 7. AGE   |  |  |   |  |
| YEARS  | MONTHS   | DAYS   | IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.    |  |
| 64   |  | 12   |   |  |
| OCCUPATION   | 8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u> |  |   |  |
|  | 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.                           |  |   |  |
|  | 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)  |  | 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Cartersville, Georgia</u>           |  |  |   |  |
| FATHER   | 13. NAME <u>Edmond Davies Howard</u>   |  |   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>UNKNOWN</u>   |  |   |  |
| MOTHER   | 15. MAIDEN NAME <u>Julis I. Dysirt</u>   |  |   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>UNKNOWN</u>   |  |   |  |
| 17. INFORMANT <u>Nathaniel G. Nelms</u><br>(ADDRESS) <u>569 Ash St. Globe, Ariz</u>    |  |  |   |  |
| 18. BURIAL, CREMATION, OR OTHER PLACE <u>Pinel</u> DATE <u>Oct. 28, 1936</u>           |  |  |   |  |
| 19. EMBALMER   |  | LICENSE NO. _____  |   |  |
| FUNERAL DIRECTOR   |  | SIGNATURE <u>W. J. Manning</u>                             |   |  |
| ADDRESS <u>Globe, Arizona</u>  |  | M. D. _____  |   |  |
| 20. FILED <u>Nov 16, 1936</u>  |  | REGISTRAR <u>W. J. Manning</u>                             |   |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 36  
 22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM July 1, 36 TO Oct 25, 36  
 I LAST SAW HIM ALIVE ON Oct 22, 36, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 11 30 P.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:  
Cerebral Hemorrhage  
Arteriosclerosis  
 OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:  
Arteriosclerosis

NAME OF OPERATION \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ WAS THERE AN AUTOPSY? \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:  
 ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_, 19\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_ (SPECIFY CITY OR TOWN, COUNTY AND STATE)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? no  
 IF SO, SPECIFY (SIGNED) W. J. Manning M. D. \_\_\_\_\_  
 (ADDRESS) Globe

104-1-25-35-FORM 3-100% RAG

BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION